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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/564,895 TRANSMITTAL Filing Date Jan 17, 2006 FORM First Named Inventor Lee, Wook Art Unit (to be used for all correspondence after initial filing) **Examiner Name Attorney Docket Number** Total Number of Pages in This Submission 50243 **ENCLOSURES** (Check all that apply) After Allowance communication to (TC) Fee Transmittal Form Drawing(s) Appeal Communication to Board of Licensing-related Papers Fee Attached Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Change Status Letter Affidavits/declaration(s) of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) Remarks It is believed that no request for extension of time or fees are due. Notwithstanding, the Reply to Missing Parts/ Incomplete Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Application Account No.50-1753 (50243). Please regard this as a further request for extension of time to the extent Reply to Missing Parts under 37 one is needed. (Customer Account Number 22929) CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name his Signature Printed name Sue Z. Shaper 31663 Reg. No. Date May 24, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage via Express mail #EV 846826443 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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| | INFORMATION DISCLOSURE |
| | STATEMENT BY APPLICANT |

Complete if Known 10/564,895 Application Number 1/17/2006 Filing Date First Named Inventor Lee Art Unit

(Use as many sheets as necessary)

Examiner Name 2 50243 Attorney Docket Number of Sheet

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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | | Application Number | | |
| | | | | Filing Date | 1/17/2006 | |
| | | | | First Named Inventor | Lee | |
| | | | | Art Unit | | |
| (Use as many sheets as necessary) | | | | Examiner Name | | |
| Sheet | 2 | of | 2 | Attorney Docket Number | 50243 | |

| NON PATENT LITERATURE DOCUMENTS | | | | | | |
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| Examiner Initials* | Cite, No. | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² | | | |
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